

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Richard W. Gross :  
Serial No.: 10/797,616 : Art Unit: 1743  
Filed: March 10, 2004 : Examiner: Moss, Keri A.  
For: MULTIDIMENSIONAL MASS  
SPECTROMETRY OF SERUM  
AND CELLULAR LIPIDS  
DIRECTLY FROM BIOLOGIC  
EXTRACTS

**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**TRANSMITTAL**

1. Transmitted herewith is:
  1. Amendment Transmittal with two month extension of time(3 pages)
  2. Amendment (24pages)

**STATUS**

2. Applicant  claims small entity status.  
 is other than a small entity.

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.  
(complete (a) or (b), as applicable)

(a)  Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
first month	\$ 120.00	\$ 60.00
<input checked="" type="checkbox"/> second month	\$ 460.00	\$ 230.00
third month	\$1,050.00	\$ 525.00

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15060-69

fourth month	\$1,640.00	\$ 820.00
fifth month	\$2,230.00	\$1,115.00

Fee: **\$230**

If an additional extension of time is required, please consider this a petition therefor.

*(Check and complete the next item, if applicable)*

An extension of \_\_\_\_\_ months has already been secured. The fee paid therefor \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$\_\_\_\_\_

OR

(b) \_\_\_\_\_ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

**FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMDT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	ADDITIONAL RATE FEE
TOTAL INDEP.	MINUS		=	x \$25.00 = \$	x \$50.00 = \$
	MINUS		=	x \$100.00 = \$	x \$200.00 = \$
	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+ \$180.00 = \$	+ \$360.00 = \$
				TOTAL ADDITIONAL FEE \$	OR
					TOTAL ADDITIONAL FEE \$

(a)  No additional fee for Claims is required

OR

(b)  Total additional fee for claims required \$\_\_\_\_\_

**FEE PAYMENT**

5. Attached is a check in the sum of \$\_\_\_\_\_

Charge Deposit Account No. 01-2384 the sum of **\$230**.

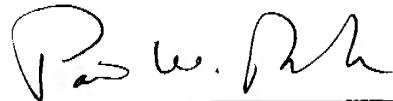
**FEE DEFICIENCY**

6.  If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

**AND/OR**

If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7.  Other:



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Patrick W. Rasche  
Reg. No. 37,916  
ARMSTRONG TEASDALE LLP  
One Metropolitan Square, Suite 2600  
St. Louis, MO 63102  
314-621-5070